

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

STANDARD FORM A - MUNICIPAL

SECTION I APPLICANT AND FACILITY DESCRIPTION

Unless otherwise specified on this form all items are to be completed. If an item is not applicable indicate "NA"

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

Please Print or Type

1.	Legal Name of Applicant (See instructions)	101		
2.	Mailing Address of Applicant (See instructions)			
	Number and Street	102a		
	City	102b		
	State	102c		
	Zip Code	102d		
3.	Applicant's Authorized Agent (See instructions)			
	Name and Title	103a		
	Number and Street	103b		
	City	103c		
	State	103d		
	Zip Code	103e		
	Telephone	103f	Area Code	Number
4.	Previous Application If a previous application for a permit under the National Pollutant Discharge Elimination System has been made, give the date of application	104	YR	MO DAY

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

Printed Name of Person Signing	102e	Title
Signature of Applicant or Authorized Agent	102f	YR MO DAY Date Application Signed

18 U.S.C. Section 1001 provides that:
Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

5.	<p>Facility (see instructions) Give the name, ownership, and physical location of the plant or other operating facility where discharge(s) presently occur(s) or will occur.</p> <p>Name</p>	105a			
	Ownership	105b	<div>Public</div> <div>Private</div> <div>Both Public and Private</div>		
	Federal Facility	105c	<div>Yes</div> <div>No</div>		
	GSA Inventory Control Number	105d			
	Location:				
	Number and Street	105e			
	City	105f			
	County	105g			
	State	105h			
6.	<p>Discharge to Another Municipal Facility (See instructions)</p> <p>a. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. If yes, complete the rest of this item and continue with item 7. If no, go directly to item 7.</p>	106a	<div>Yes</div> <div>No</div>		
	b. Responsible Organization Receiving Discharge				
	Name	106b			
	Number and Street	106c			
	City	106d			
	State	106e			
	Zip Code	106f			
	c. Facility which Receives Discharge				
	Give the name of the facility (Waste treatment plant) which receives and is ultimately responsible for treatment of the discharge from your facility.	106g			
	d. Average Daily Flow to Facility (mgd) Give your average daily flow into the receiving facility.	106h	mgd		
7.	<p>Facility Discharges, Number and Discharge Volume (see instructions)</p> <p>Specify the number of discharges described in this application and the volume of water discharged or lost to each of the categories below. Estimate average volume per day in million gallons per day. Do not include intermittent or noncontinuous overflows, bypasses or seasonal discharges from lagoons, holding ponds, etc.</p>				

		<u>Number of Discharge Points</u>		<u>Total Volume Discharged, Million Gallons Per Day</u>	
To:	Surface Water	107a1		107a2	
	Surface Impoundment with no Effluent	107b1		107b2	
	Underground Percolation	107c1		107c2	
	Well (Injection)	107d1		107d2	
	Other	107e1		107e2	
Total Item 7		107f1		107f2	
If "Other" is specified, describe		107g1			
<p>If any of the discharges from this facility are intermittent, such as from overflow or bypass points, or are seasonal or periodic from lagoons, holding ponds, etc., complete Item 8.</p>					
8. Intermittent Discharges					
a.	Facility bypass points indicate number of bypass points for the facility that are discharge points. (See instructions)	108a			
B.	Facility Overflow Points Indicate the number of overflow points to a surface water for the facility. (See instructions)	108b			
C.	Seasonal or Periodic Discharge Points Indicate the number of points where seasonal discharges occur from holding ponds, lagoons, etc.	108c			
9. Collection System Type Indicate the type and length (in miles) of the collection system used by this facility. (See instructions)					
	Separate Storm		SST		
	Separate Sanitary		SAN		
	Combined Sanitary and Storm		CSS		
	Both Separate Sanitary and Combined Sewer Systems		BSC		
	Both Separate Storm and Combined Sewer Systems		SSC		
	Length	109b	Miles		
10. Municipalities or Areas Served (See instructions)					
			Name		Actual Population Served
		110a		110b	
		110a		110b	
		110a		110b	
		110a		110b	
		110a		110b	
		110a		110b	
	Total Population Served			110c	

- 111 ————— Mgd

Note: All major industries (as defined in Section IV) discharging to the municipal system must be listed in Section IV.

- List all existing, pending or denied permits, licenses and applications related to discharges from this facility. (See instructions)

[illegible]

- Maps and Drawings**
Attach all required maps and drawings to the back of this application. (See instructions)

- ### Additional Information

[illegible]

STANDARD FORM A - MUNICIPAL**SECTION II BASIC DISCHARGE DESCRIPTION**

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1.	Discharge Serial No. And Name				
a.	Discharge Serial No. (See instructions)	201a			
b.	Discharge Name Give name of discharge, if any (See instructions)	201b			
c.	Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section I) provide previous discharge serial number	201c			
2.	Discharge Operating Dates				
a.	Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	Year and Month		
b.	Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	Year and Month		
3.	Discharge Location Name the political boundaries within which the point of discharge is located				<u>Agency Use</u>
	State	203a		203d	
	County	203b		203e	
	City or Town (if applicable)	203c		203f	
4.	Discharge Point Description (See instructions) Discharge is into (check one)				
	Stream (includes ditches, arroyos, and other watercourses)	204a		STR	
	Estuary			EST	
	Lake			LKE	
	Ocean			OCE	
	Well (injection)			WEL	
	Other			OTH	
	If "other" is checked, specify type	204b			
5.	Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See instructions)				
	Latitude	205a	DEG	MIN	SEC
	Longitude	205b	DEG	MIN	SEC

DISCHARGE SERIAL NUMBER

6. Discharge Receiving Water Name
Name the waterway at the point of discharge. (See instructions)

206a		
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For Agency Use

Major	Minor	Sub

For Agency Use

303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in Item 7.

7. Offshore Discharge

- a. Discharge distance from shore
- b. Discharge depth below water surface

207a		Feet
207b		Feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete Items 8, 9 or 10, as applicable, and continue with Item 11.

8. Bypass Discharge (see instructions)

- a. Bypass Occurrence
Check when bypass occurs

Wet weather

208a1	Yes	No
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Dry weather

208a2	Yes	No
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- b. Bypass Frequency
Actual or approximate number of bypass incidents per year

Wet weather

208b1		Times per year
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Dry weather

208b2		Times per year
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- c. Bypass Duration
Average bypass duration in hours

Wet weather

208c1		Hours
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Dry weather

208c2		Hours
-------	--	-------

- d. Bypass Volume
Average volume per bypass

Wet weather

208d1		Thousand gallons per incident
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Dry weather

208d2		Thousand gallons per incident
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- e. Bypass Reasons
Give reasons why bypass occurs

308e		
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Proceed to Item 11

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence
Check when overflow occurs

Wet weather

209a1	Yes	No
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Dry weather

209a2	Yes	No
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- b. Overflow Frequency
Actual or approximate number of bypass incidents per year

Wet weather

208b1		Times per year
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Dry weather

208b2		Times per year
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DISCHARGE SERIAL NUMBER

		<hr/>	
b.	Discharge Treatment Codes Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.	211b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete Items 12 and 13</p>			
12.	Plant Design and Operation Manuals Check which of the following are currently available		
a.	Engineering Design Report	212a	<hr/>
b.	Operation & Maintenance Manual	212b	<hr/>
13.	Plant Design Data (see instructions)		
a.	Plant Design Flow (mgd)	313a	<hr/> mgd
b.	Plant Design BOD Removal (%)	213b	<hr/> %
c.	Plant Design N Removal (%)	213c	<hr/> %
d.	Plant Design P Removal (%)	213d	<hr/> %
e.	Plant Design SS Removal (%)	213e	<hr/> %
f.	Plant Began Operation (year)	213f	<hr/> year
g.	Plant Last Major Revision (year)	213g	<hr/> year

DISCHARGE SERIAL NUMBER

14. Description of Influent and Effluent (see instructions)

	Influent	Effluent					
Parameter and Code 214	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400							
Temperature (winter) °F 74026							
Temperature (summer) °F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)							
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)							
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)							
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available) OR Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine-Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

14. Description of Influent and Effluent (see instructions) (Continued)

	Influent	Effluent					
Parameter and Code 214	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 50500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrite (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300							

15 Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (See instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 328260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, DC 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, fungicide, and rodenticide Act.

- Alarm for power or equipment failure

316

APS

ALM

- [illegible]

STANDARD FORM A - MUNICIPAL**SECTION III SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION**

This Section requires information on any uncompleted implementation schedule which has been imposed for construction of waste treatment facilities. Requirement schedules may have been established by local, State, or Federal agencies or by court action. IF YOU ARE SUBJECT TO SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES, EITHER BECAUSE OF DIFFERENT LEVELS OF AUTHORITY IMPOSING DIFFERENT SCHEDULES (ITEM 1b) AND/OR STAGED CONSTRUCTION OF SEPARATE OPERATIONAL UNITS (ITEM 1c), SUBMIT A SEPARATE SECTION III FOR EACH ONE.

1. Improvements Required

a.	Discharge Serial Numbers Affected List the discharge serial numbers, assigned in Section II, that are covered by This implementation Schedule	300	<div style="border: 1px solid black; padding: 5px; text-align: center;">FOR AGENCY USE</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Schedule No. _____</div>	
b.	Authority Imposing Requirement Check the appropriate item indicating the authority for the Implementation schedule. If the Identical implementation schedule has been ordered by more than one authority, check the appropriate items. (See Instructions)	301a	_____	
	Locally developed plan	301b	___	LOC
	Areawide Plan		___	ARE
	Basin Plan		___	BAS
	State approved implementation schedule		___	SQS
	Federal approved water quality standards implementation plan		___	WQS
	Federal enforcement procedure or action		___	ENF
	State court order		___	CRT
	Federal court order		___	FED
c.	Improvement Description Specify the 3 character code for the General Action Description in Table II that best describes the Improvements required by the implementation schedule. If more than one schedule applies to the facility because of a staged construction schedule, state the stage of construction being described here with the appropriate general action code. Submit a separate Section III for each stage of construction planned. Also, list all the 3-character (Specific Action) codes which describe in more detail pollution abatement practices that the implementation schedule requires.			
	3-character general action description	301c	_____	
	3-character specific action descriptions	301d	____/____/____/____/	

2. Implementation Schedule and 3. Actual Completion Dates

Provide dates imposed by schedule and any actual dates of completion for implementation steps listed below. Indicate dates as accurately as possible. (See instructions)

Implementation Steps	2. Schedule (Yr/ Mo/ Day)	3. Actual Completion (Yr/ Mo/ Day)
a. Preliminary plan complete	302a ____/____/____	302a ____/____/____
b. Final plan complete	302b ____/____/____	302b ____/____/____
c. Financing complete and contract awarded	302c ____/____/____	302c ____/____/____
d. Site acquired	302d ____/____/____	302d ____/____/____
e. Begin construction	302e ____/____/____	302e ____/____/____
f. End construction	302f ____/____/____	302f ____/____/____
g. Begin discharge	302g ____/____/____	302g ____/____/____
h. Operational level attained	302h ____/____/____	302h ____/____/____

STANDARD FORM A - MUNICIPAL**SECTION IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM**

Submit a description of each major industrial facility discharging to the municipal system, using a separate Section IV for each facility description. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in thousand gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. Consult Table III for standard measures of products or raw materials. (See instructions)

1.	Major Contributing Facility (See instructions) Name	401a				
	Number & Street	401b				
	City	401c				
	County	401d				
	State	401e				
	Zip Code	401f				
2.	Primary Standard Industrial Classification Code (See instructions)	402				
3.	Principal Product or Raw Material (See instructions)		Quantity		Units (see Table III)	
	Product	403a	403c		403e	
	Raw Material	403b	403d		403f	
4.	Flow Indicate the volume of water discharged into the municipal system in thousand gallons per day and whether this discharge is intermittent or continuous	404a	_____ Thousand gallons per day			
		404b	_____ Intermittent (int) _____ Continuous (con)			
5.	Pretreatment Provided Indicate if pretreatment is provided prior to entering the municipal system.	405	_____ Yes _____ No			
6.	Characteristics of Wastewater (See instructions)					

	Parameter Name							
406a	Parameter Number							
406b	Value							